



Do not write above this line.

Step 1: Identify your business

1 IBT no. _____

2 License no. TP – _____

3 Business name _____

4 Business address _____
Number and street

City State ZIP

5 For what month are you filing this return? _____
Month Year

6 Check here if your address has changed.

7 Is this a final return? yes no
"Final" indicates you will no longer conduct business. If you checked "yes," complete the following information:
 I **discontinued** my business on _____.
 I **sold** my business on _____.
If you checked "sold," provide the new owner's name and address:
Name: _____
Address: _____

Step 2: Figure the wholesale price of products removed from your inventory

8 Wholesale price of products you manufactured and then sold or otherwise disposed of during this month. **8** _____

9 Wholesale price of products you purchased and then sold or otherwise disposed of during this month. **9** _____

10 **Add Lines 8 and 9.** This is the total cost of all tobacco products you sold or otherwise disposed of. **10** _____

Step 3: Figure your deductions

11 Wholesale price of tobacco products you sold in interstate commerce. **11** _____

12 Wholesale price of products you sold to someone other than a retailer or consumer. **12** _____

13 Other deductions. (Please specify. _____) **13** _____

14 **Add Lines 11, 12, and 13.** This is your total deduction. **14** _____

Step 4: Figure your payment

15 **Subtract Line 14 from Line 10.** This is your tobacco products tax base. **15** _____

16 **Multiply Line 15 by 18% (.18).** This is your total tax. **16** _____

17 Credit you wish to apply. **17** _____

18 **Subtract Line 17 from Line 16,** and pay this amount. **18** _____
Make your check payable to "Illinois Department of Revenue."

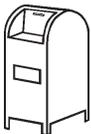
Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature Title Date ____/____/____ Telephone (Include area code) (____)____-____

Preparer's signature Date ____/____/____ Telephone (Include area code) (____)____-____

Step 6: Mail your return and payment



**ATTN TOBACCO PRODUCTS TAX
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019**

